

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 35 **63-047808**

FILED DEC 23 1963

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clay Twp.		c. CITY OR TOWN Owensville	
Length of stay in 1b lifetime		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		d. STREET ADDRESS (If outside, give location) Rural Route	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Meta Middle Louise Last Richardson		4. DATE OF DEATH Month December Day 15 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-25-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Owensville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Holt		13b. MOTHER'S MAIDEN NAME Mary Gerken	
14. NAME OF HUSBAND OR WIFE Martin Green Richardson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 44		17. INFORMANT J. D. Richardson - Owensville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Coronary Artery Disease DUE TO (c) Ass. & Atherosclerotic Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) age & the Hypertension		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 194 9 10 30 A	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 194 9 10 30 A to 196 3 and last saw her alive on 12-13-63 Death occurred at 10 30 A on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Charles E. Shumaker	
22a. ADDRESS Gerald		22b. DATE SIGNED 10-16-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-17-1963	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	
23d. LOCATION (City, town, or county) near Owensville, Mo.		23e. DATE RECD. BY LOCAL REG. December 17, 1963	
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home		25. REGISTRAR'S SIGNATURE Mr. Maurin Appenizer	
26. ADDRESS Owensville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 **0370**
2 **0370**
3 **1**
4 **1**
5 **2**
6
7 **0**
8 **0**
9 **420.1**
10
11
12 **90-0**
13 **2-0**

10-10-1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Milford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above, constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

1084

1-51
0-8